



Attorney Docket No. 48,742 (70904)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Hiroshi Maeda, et al.

EXAMINER: Wallerson, M.

SERIAL NO.: 09/185,212

GROUP: 2722

FILED: November 3, 1998

FOR: IMAGE PROCESSING DEVICE INCLUDING IMAGE DATA MANAGEMENT  
CAPABILITIES (AS AMENDED)

#8/B  
KD  
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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on June 11, 2001.

By: Kathryn A. Grindrod  
Kathryn A. Grindrod

\*\*\*\*\*

BOX: NON-FEE AMENDMENT  
ASSISTANT COMMISSIONER OF PATENTS  
WASHINGTON, DC 20231

Sir:

**AMENDMENT**

In response to the Official Action currently outstanding with regard to the above identified case, kindly amend the subject application as follows:



gp 2722  
2622

Practitioner's Docket No. 48,742 (70904)  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hiroshi Maeda, et al.  
Application No.: 09/185,212  
Filed: November 3, 1998  
Group No.: 2722  
Examiner: Wallerson, M.

For: IMAGE PROCESSING DEVICE INCLUDING IMAGE DATA MANAGEMENT  
CAPABILITIES (AS AMENDED)

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

FEE FOR CLAIMS

3. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	16	Minus	20	= 0	x \$0 =	\$0
Indep.	2	Minus	3	= 0	x \$0 =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

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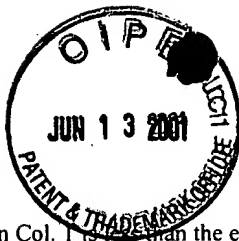
- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: June 11, 2001

Kathryn A. Grindrod  
Signature

Kathryn A. Grindrod  
(type or print name of person certifying)

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Total

\$0

Addit. Fee

- \* If the entry in Col. 1 is 2 and the entry in Col. 2, write AO2 in Col. 3,
- \*\* If the AHighest No. Previously Paid For2 IN THIS SPACE (Column 2, Row 1) is less than 20, enter A202.
- \*\*\* If the AHighest No. Previously Paid For2 IN THIS SPACE (Column 2, Row 2) is less than 3, enter A32.  
The AHighest No. Previously Paid For2 (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

#### FEE DEFICIENCY

4. If any additional extension and/or fee is required, charge Account No. 04-1105.  
If any additional fee for claims is required, charge Account No. 04-1105.

Reg. No. 27,840  
Customer No.: 21874

David A. Tucker  
SIGNATURE OF PRACTITIONER  
David A. Tucker

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